

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		4-19-00
O.I.P.E. CLASSIFIER			573
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	XB	10303	6-14

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	6/2/00
Original	6/2/00
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	0
22	0
23	0
24	0
25	0
26	0
27	0
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	0
42	0
43	0
44	0
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	6/2/00
Original	6/2/00
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
59	✓
60	✓
61	✓
62	✓
63	✓
64	✓
65	✓
66	✓
67	✓
68	✓
69	✓
70	✓
71	✓
72	✓
73	✓
74	✓
75	0
76	✓
77	✓
78	✓
79	✓
80	✓
81	0
82	✓
83	✓
84	✓
85	✓
86	✓
87	✓
88	✓
89	✓
90	✓
91	✓
92	✓
93	✓
94	✓
95	0
96	0
97	0
98	0
99	✓
100	✓

Claim	Date
Final	
Original	
101	
102	
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If more than 150 claims or 10 actions  
staple additional sheet here

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